PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CHM-019

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			• .		10010	7,111, 2,	ı	RATE	FEE	7 7	RATE	FEE
<u> </u>			20			5D 5VXD4		BASIC FEE		┨		
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 mir	nus 20=	* (1)			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				inus 3 =	· O			X43=		OR	X86=	
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										,	OTHER	THAN
	_	(Column 1)		(Column		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=	Ī	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE	
_		CLAIMS		HIGH	EST		ſſ		ADDI-	419		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						:					
·								+145=		OR	+290=	
	•				•	A	TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)	 	(Colum		(Column 3)	1					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** 1	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less thar	n 20, enter."20."	A	TOTAL DDIT. FEE	,	OR	TOTAL ADDIT. FEE	
		nber Previously Pai					r foui	nd in the app	ropriate box	in col	umn 1.	